

ETA 586 INTERSTATE ARRANGEMENT-EMPLOYMENT AND WAGES

| STATE: OR | | REGION: 06 | | | REPORT FOR PERIOD ENDING: 09/30/2014 | | | |
|--|--------------------------|----------------|--|--|---|-------------------|-----------------------------|-------------------------|
| SECTION A. CLAIMS AND PAYMENT ACTIVITIES | | | | | | | | |
| State UI | Line No. | New Claims (1) | Persons Establishing Benefit Years (2) | No. Combined Wage Claims Withdrawn (3) | Weeks Compensated (4) | Benefits Paid (5) | Prior Weeks Compensated (6) | Prior Benefits Paid (7) |
| Intrastate | 101 | 1,402 | 1,111 | 0 | 12,664 | 4,338,178 | 0 | 0 |
| Interstate Received as Paying State | 102 | 333 | 322 | 348 | 4,378 | 1,764,784 | 0 | 0 |
| SECTION B. FIRST PAYMENT AND WAGE TRANSFER RESPONSES - TIME LAPSE | | | | | | | | |
| Time Lapse in Days | First Payment Time Lapse | | Wage Requests Received (10) | | | | | |
| | Intrastate (8) | Interstate (9) | Responses (11) | | | | | |
| | | | 2,165 | | | | | |
| | | | Time Lapse in Days | Responses (11) | | | | |
| | | | Total | 2,165 | | | | |
| | | | 3 or less | 2,165 | | | | |
| Total | 765 | 256 | 4 - 6 | 0 | | | | |
| 7 or less | 508 | 191 | 7 - 10 | 0 | | | | |
| 8 - 14 | 161 | 38 | 11 - 14 | 0 | | | | |
| 15 - 21 | 45 | 11 | 15 - 21 | 0 | | | | |
| 22 - 28 | 18 | 5 | 22 - 28 | 0 | | | | |
| 29 - 35 | 7 | 2 | 29 - 35 | 0 | | | | |
| 36 - 42 | 7 | 3 | 36 - 42 | 0 | | | | |
| 43 - 49 | 7 | 0 | 43 - 49 | 0 | | | | |
| 50 - 56 | 4 | 3 | 50 - 56 | 0 | | | | |
| 57 - 63 | 2 | 0 | 57 - 63 | 0 | | | | |
| 64 - 70 | 1 | 0 | 64 - 70 | 0 | | | | |
| > 70 | 5 | 3 | > 70 | 0 | | | | |
| SECTION C. BILLING AND REIMBURSEMENT TIME LAPSE | | | | | | | | |
| Time Lapse in Days | Billing Time Lapse (12) | | Reimbursement Time Lapse (13) | | | | | |
| Total | 50 | | 47 | | | | | |

| | | |
|------------|----|----|
| 14 or less | 48 | 7 |
| 15 - 30 | 1 | 27 |
| 31 - 45 | 0 | 13 |
| 46 - 60 | 0 | 0 |
| 61 - 90 | 1 | 0 |
| > 90 | 0 | 0 |

OMB No.: 1205-0029 **OMB Expiration Date:** 07/31/2017 **OMB Burden Minutes:** 240

OMB Burden Statement: O M B Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is required to obtain or retain benefits under SSA 303(a)(6). Respondents have no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4524, 200 Constitution Ave., NW, Washington, DC, 20210.